

Maryland Board of Examiners of Psychologists
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DUPLICATE LICENSE REQUEST

I am requesting the following duplicate license:

- ☐ Large Wall Certificate (\$50.00 fee required)
- ☐ Small Registration issued at the time of license renewal (\$10.00 fee required)

Name: (Printed or Typed):				
License Number:				
Address:				
	Street	City	State	Zip Code
Reason:				

Signature _____